## FORM D

# UNITED STATES SECURITIES AND EXCHANGE CO

Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB Number: 3235-0076 Expires:November 30, 2001 Estimated average burden hours per

OMB Approval

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Name of Offering ( check if this is an amendment and name has changed, and indicate change) Mean One Productions Limited Partnership ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 Filing Under (Check box(es) that apply): ☐ Section 4(6) RECEIVED Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA याम 1. Enter the information requested about the issuer 203 Name of the Issuer ( check if this is an amendment and name has changed, and indicate change.) BEST AVAILABLE COPY Mean One Productions Limited Partnership Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip) (212) 556-4705 214 West 43rd Street, 4th Floor, New York, NY 10036 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) To produce, present and manage the Broadway production entitled "Dr. Seuss' How The Grinch Stole Christmas!". Brief Description of Business Type of Business Organization corporation M limited partnership, already formed ☐ other (please specify) ☐ business trust ☐ limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State;

### GENERAL INSTRUCTIONS

CN for Canada; FN for other foreign jurisdiction)

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the

appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>									
• Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) RS Green Company, Limited Liability Company Business or Residence Address (Number and Street, City, State, Zip Code) 214 West 43 <sup>rd</sup> Street, Fourth Floor, New York, NY 10036									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sanna, James Business or Residence Address (Number and Street, City, State, Zip Code) 214 West 43 <sup>rd</sup> Street, Fourth Floor, New York, NY 10036									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Inc.									
Business or Residence Address (Number and Street, City, State, Zip Code) 200 West 57 <sup>th</sup> Street, Suite 1403, New York, NY 10019									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)									

Business or Residence Address (Number and Street, City, State, Zip Code)

FKKS: 301197.v1 14714.200

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING														
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE									Yes	No ⊠				
2. What is the minimum investment that will be accepted from any individual?											\$No Minimum			
3. Does the offering permit joint ownership of a single unit?										Yes ⊠	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name (Las	st name fir	rst, if indiv	vidual)		-									
N/A Business or Re	sidence A	ddress (Ni	umber and	Street, Ci	tv. State. 2	Zip Code)								
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer														
States in Which	n Person I	isted Has	Solicited	or Intends	to Solicit	Purchasers	(Check "/	All States"	or check i	individual	States)		,,	🗆 All States
	□ AL	□ AK	□ AZ		□ CA	□ co	□ CT	□ DE	□ DC □ MA	□FL	□ GA □ MN	□ HI □ MS	□ ID □ MO	
	□ IL □ MT	□ IN □ NE	□ IA □ NV	□ KS □ NH	□ KY □ NJ	□ LA □ NM	□ ME □ NY	□ MD □ NC		□ МІ □ ОН			□ PA	
	□ RI	□ sc	□SD	□ TN	$\Box$ TX	□ UT	□ VT	□VA	□WA	□wv	□ WI	□ WY	□ PR	
Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Assoc	riated Bro	ker or Dea	ıler											
States in Which	n Person I	isted Has	Solicited	or Intends	to Solicit	Purchasers	(Check "/	All States"	or check i	ndividual	States)			🗆 All States
	□AL	DΛK	□ AZ	□ AR	□ CA	СО	□ CT	□ DE	□ DC	□ FL	□ GA	□ HI	□ ID	
	□ IL. □ MT	□ IN □ NE	□ IA □ NV	□ KS □ NH	□ KY □ NJ	□ LA □ NM	□ ME □ NY	□ MD □ NC	□ MA □ ND	□МI □ОН	□ MN □ OK	□ MS □ OR	□ MO □ PA	
	□ RI		□SD			□ UT	□ VT	□ VA	□ WA		□ WI	□WY	□ PR	
Full Name (Las	st name fir	rst, if indiv	vidual)											
N/A Business or Re	sidence A	ddress (Ni	umber and	Street Ci	tv State :	Zin Code)								
Business of the	3.0000 1.	uu. 000 (1			· <b>J</b> , ·····, ·	<b></b> ,								
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers(Check "All States" or check individual States)									🗆 All States					
	□ AL □ IL	□ AK □ IN	□ AZ □ IA	□ AR □ KS	□ CA □ KY	□ CO □ LA	□ CT □ ME	□ DE □ MD	□ DC □ MA	□ FL □ MI	□ GA □ MN	□ HI □ MS	□ ID □ MO	
	□ IL □ MT				□NJ					□ОН	OK	□ OR	□ PA	
	□ RI	□ SC	□ SD	□ TN	□тх	UT 🗓	□VT	□ VA	□WA	□WV	□ WI	□ WY	□ PR	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)														

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$7,000,000.00	\$0/00
	Other (Limited Liability Company Membership Interests)	\$	\$
	Total	\$7,000,000.00	\$0.00
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Type of Offering		Dollar Amount Sold
	Type of Offering Transfer Agent's Fees	📮	\$
	Printing and Engraving Costs	_	\$
	Legal Fees	_	S
	Accounting Fees		S
	Engineering Fees	_	\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND	USE OF PRO	OCE	EEDS
4. b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to issuer."	the	\$7,000,000.00		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer see in response to Part C - Question 4.b above.	,,			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and Fees	🗆	\$	$\boxtimes$	\$2,733,351.00
	Purchase of real estate	🗆	\$		\$
	Purchase, rental or leasing and installation of machinery and equipment	🗆	\$	$\boxtimes$	\$50,000.00
	Construction or leasing of plant buildings and facilities	🗆	\$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	. 🗆	S		\$
	Repayment of indebtedness	. 0	\$	□	\$
	Working Capital	🗆	\$	Ø	\$627,679.00
	Other Advertising and Publicity; Bonds and Royalty Advances; Operating Losses; Misc.  Production Costs; Estimated Development Costs, etc		\$	×	\$3,588,970.00
	Column Totals		\$	Ø	\$7,000,000.00
	Total Payments Listed (column totals added)		=		\$7,000,000.00
	D. FEDERAL SIGNATURE				
ın und	uer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed entaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its credited investor pursuant to paragraph (b)(2) of Rule 502.	l under R s staff, th	ule 505, the following e information furnish	g signa ned by	ture constitutes the issuer to any
Issue	er (Print or Type) Signature	Date			
	AN ONE PRODUCTIONS IITED PARTNERSHIP	10-	9-06		
Nam	e of Signer (Print or Type)  Title of Signer (Print or Type)				
	Authorized Managing Member of RS Green General Partner of Issuer	Compar	ny, Limited Liabi	ility C	Company,
	ATTENTION				
	Intentional misstatements or omissions of fact constitute federal criminal viola	tions. (S	See 18 U.S.C. 100	1.)	

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